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**TELECOPIER COVER SHEET**

November 5, 2004

<b>To: Assistant Commissioner for Patents</b>	<b>From: Estella Pineiro 818/493-2251</b>
<b>Attention: Examiner M. Bockelman Art Unit: 3762 TECHNOLOGY CENTER 3700</b>	<b>ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221</b>
<b>Telecopier: 703/872-9306</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Response to Restriction Requirement Applic. No. 09/981,652 Filed: 10/17/2001 Docket No. SJ1-012US</b>	<b>Number of pages being sent: <u>4</u> (including cover page)</b>

**PLEASE DELIVER TO EXAMINER BOCKELMAN, ART UNIT 3762. THANK YOU.**

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE AND THOSE PROPERLY ENTITLED TO ACCESS TO THE INFORMATION AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED OR AN AUTHORIZED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY UNAUTHORIZED DISTRIBUTION, DISSEMINATION, OR DUPLICATION OF THIS TRANSMISSION IS PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE OR FACSIMILE. THANK YOU!

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Mark W. Kroll

Serial No.: 09/981,652

Examiner: M. Bockelman

Filed: 10/17/2001

Art Unit: 3762

Docket No.: SJ1-012US

For: AUTOMATIC DEFIBRILLATION SHOCK ENERGY ADJUSTER

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendments  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Response to Restriction Requirement  
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES					
ITEM	NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	40	0	X \$ 18	\$ 0
B	INDEPENDENT CLAIMS FEE**	5	0	X \$ 88	0
C	MULTIPLE- DEPENDENT			X \$ 300	0
D	EXTENSION OF TIME FEE — 1-mon: \$110; 2-mon: \$430; 3-mon: \$980; 4-mon: \$1,530; 5-mon: \$2,080				0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:				
F	<b>TOTAL ADDITIONAL FEE**</b> (ADD TOTALS FOR LINES A,B,C,D, and E)				\$ 0**

<input checked="" type="checkbox"/> Charge Deposit Account No. <b>16-0068</b> the amount of	<b>\$0 **</b>	<b>A copy of this letter is          enclosed.</b>
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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.

X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 11/5/04

Ronald S. Tamura

Ronald S. Tamura  
Attorney for Applicants  
Reg. No. 43,179

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

November 5, 2004

Estella Pineiro 11/5/04  
Estella Pineiro Date

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**RECEIVED  
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**Applicant:** Mark W. Kroll  
**Serial No.:** 09/981,652  
**Filed:** 10/17/2001  
**Docket No.:** SJ1-012US  
**For:** AUTOMATIC DEFIBRILLATION SHOCK ENERGY ADJUSTER

**Examiner:** M. Bockelman  
**Art Unit:** 3762

**RESPONSE TO RESTRICTION REQUIREMENT**

I hereby certify that this correspondence is being facsimile  
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on:

Mail Stop Amendments  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

November 5, 2004  
  
Estelita Pineiro Date

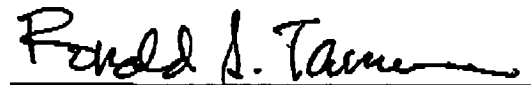
Dear Sir:

In the Restriction Requirement mailed November 1, 2004, the Examiner identified three patentably distinct species. The Examiner has required the Applicant to elect a single disclosed species for prosecution on the merits to which the claims shall be restricted if no generic claim is finally held to be allowable.

Applicant elects Species 2: a method and apparatus for adjusting DFSE that is based upon at least cardiac data that includes cardiac fibrillation rate data. This election is made without traverse.

Respectfully submitted,

11/5/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Ronald S. Tamura  
Registration No. 43,179  
Attorney for Applicants

**CUSTOMER NUMBER: 36802**